## WAF 6.0 Where Do We Go from Here?

### Workforce Accelerator Fund 6.0

An Adobe Connect Webinar Audio conference line:

(888) 240-3210 Passcode: 727826

Please use the chat feature for questions or to interact



## **Project Logistics**

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- First resource for answers
  - Resources for Grant Subrecipients

http://www.edd.ca.gov/Jobs and Training/Grant Subrecipient Resources.htm

- ✓ Request For Proposal (RFA)
- ✓ WAF Frequently Asked Questions (FAQ)
- ✓ EDD Guidance Directives and Information Notices
- Subscribe <u>Get Email Updates</u>
- Project term It's on!
  - 2/1/2018 to 7/31/2019
  - 3/1/2017 to 8/31/2018

## Resources for Grant Subrecipients

http://www.edd.ca.gov/Jobs and Training/Grant Subrecipient Resources.htm



**About EDD** 

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File & Manage a Claim

**Employer Services** 

**EDD News** 



#### Resources for Grant Subrecipients

The California Employment Development Department, in coordination with the California Workforce Development Board, awards grants to qualifying organizations to fund a variety of workforce development programs. The awardees, also known as subrecipients, carry out project activities toward successful grant goal attainment. Subrecipients can find resources to assist them in managing effective projects.

· Frequently Asked Questions

Find the answers to your questions in this collection of frequently asked questions sorted by major project or initiative topics:

- · CalJOBS for Subrecipients
- Disability Employment Accelerator (DEA)
- · High Road Training Partnerships (HRTP)
- National Dislocated Worker Emergency Grants
- Proposition 39 and Regional Industry Clusters of Opportunity Assembly Bill 118 (RICO)
- Supervised Population Workforce Training Grant Assembly Bill 2060
- Veterans' Employment-Related Assistance Program (VEAP)
- Workforce Accelerator Fund (WAF)
- · Project Management Resources

Project management forms, helpful links and resources to assist subrecipients with the management of the grants.

· Project Management Guidance

A list of important resources to guide subrecipients through project management, implementation, performance, fiscal, reports, and close-out procedures.

· Find your EDD Project Manager

Project Manager listing with their respective program assignments and contact information.

## **Support Team:**

## WAF 6.0

### **Project needs:**



- CalJOBS Reports
- CalJOBS Issues
- Subgrant Agreement / Revisions
- Policy Guidance
- Monthly Expenditure Reports

### **Program needs:**



- Challenges of Pivots
- **Budget Modifications**
- 6.0 Events and Activities
- **Quarterly Reporting**
- **Project End Reports**

**Email both your Project and Program Managers** 

## Communications

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#### **EDD Project Manager Assignments**

Mayra Fernandez						
Ascend Program, Inc.	Bay Area Community Resources					
Bay Area Council Foundation	Community Employment Opportunities					
Center for Media Change	Creative Visions					
Managed Career Solutions	Fresno Regional WDB					
Madera County WDB	Mother Lode WDB					
NorTEC	City of Oakland/Oakland WDB					
Oakland Private Industry Council, Inc.	Richmond WDB					
CSU Fresno Foundation	Foundation for California Community Colleges					

## Communications

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#### **EDD Project Manager Assignments**

Teri Brimacomb					
East Bay Asian Local Development Corporation	Los Angeles Area Chamber of Commerce Foundation				
Meristem, Inc.	Opportunity Junction				
SEIU	WIB of Tulare County				
WIB of Ventura County	Hospitality Training Academy				
Institute for Local Government	Los Angeles Valley College				

# Monthly Narrative Report: First Two Months



#### Subgrantee Monthly Narrative Report

E-mail report to your Project Manager by the 20<sup>th</sup> of each month for the previous month's activities WSBProjectManagement@EDD.ca.gov

	Subrecipient Name:		Initiative Name	: WAF 6.0			
	PM Name:		Subgrar Number, Grar Codes	t			
	Contact Name, Title:		Email Address Telephone	7			
	Report Period (mm/yygg):						
1.	A discussion of wha activities and achieve	t was accomplished duri ments.	ng this reporting period	d, including major			
2.	Actual or anticipated problems or delays, and actions taken or planned to resolve them.						
3.	Cumulative expenditu	res for each fund source:					
	Total Cumulative WIOA 15 Percent Expenditures	*Planned Cumulative Expenditures	Cumulative In-Kind Match	*Planned Cumulative In-Kind Match			
	*Refer to your Exhibit E, I	unding and Expenditure Plan for t	his month's figures				

4. Total Cumulative Participants Enrolled:

 Have you pulled CalJOBS™ reports to confirm the expenditure/participant data reported above reflect the data that is available in CalJOBS™?

■Yes OR ■No (If no, provide an explanation	below.)
--	---------

## Quarterly Narrative Report



#### Workforce Accelerator Fund 4.0 3rd Quarter Report October 1, 2017 – December 31, 2017





Instructions: E-mail report to WSBProjectManagement@edd.ca.gov and Danielle.Vienna@cwdb.ca.gov, State Board Program Manager, no later than January 20, 2018

Applicant:	Project:
Contact Name:	Contact Phone:
Contact Email:	Date of Report:

#### Attention:

- Please follow the quarterly report instructions to complete. For additional clarification, please contact both the EDD Project Manager and State Board Program Manager.
- o Complete quarterly report in its entirety and provide a thorough response when prompted for explanation.
- Notify the EDD Project Manager and State Board Program Manager, via email, in advance if quarterly report is going to be submitted untimely.

1.	Checkbox the target population you are working with (check all that apply):  Long Term Unemployed Veterans Individuals with Disabilities Low-Income Workers CalWORKS Participants Disconnected Youth Ex-Offenders Immigrant Job Seekers
2.	Checkbox the end-use customer your project serves (check only one):  Job Seekers  Employers/Business  Both
3.	Is the project on track to meet goals as outlined in "Big Idea"?
	Yes No If no, identify goals not met and describe what actions will be taken/planned to meet goals.
	The factoring goals for the <u>and</u> describe what actions will be taken planned to most goals.
l.	Has the project experienced unforeseen challenges and/or barriers?
	Yes No If yes, please describe challenges, barriers, partnership changes, and/or course corrections <u>and</u> what actions will be
	taken/planned to address/resolve.

## **Quarterly Success Stories**

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- Collect Your Participant Success Stories To Report on a Quarterly Basis
- Release of Information (DE 1600) must be completed and included if participant pictures and/or full names are shared

Submit Your Success Stories with Quarterly Report to:

- WSBProjectManagement@edd.ca.gov
- Danielle.Vienna@CWDB.ca.gov

## State Reporting System www.CalJOBS.ca.gov



WAFE

## CalJOBS<sup>SM</sup> Access Request

#### CalJOBS™ System Access

(WIOA – Statewide Grant Contractors)
Please type-in your information

Requestor Information				
* MIS Admin. Requestor Name:				
* Requestor Email:				
* Phone Number:				
* Office Name:				
CalIOBS Office ID (State only)				
	Requested Usernames and Pa	sswords will be sent to <u>Req</u>	uestor by Email	
Requested Accounts	User 1	User 2	User 3	
* Type: (Add/Change/Delete)		-		
* First Name:				
* Last Name:				
* Subgrantee Name				
* Job Title:				
* ZIP:				
* County:				
* Email:				
* Phone:				
* Address				
* Type of Access:	□ Progam	□ Program	□ Program	
* Position:	□ Supervisor □ Staff	☐ Supervisor ☐ Staff	☐ Supervisor ☐ Staff	

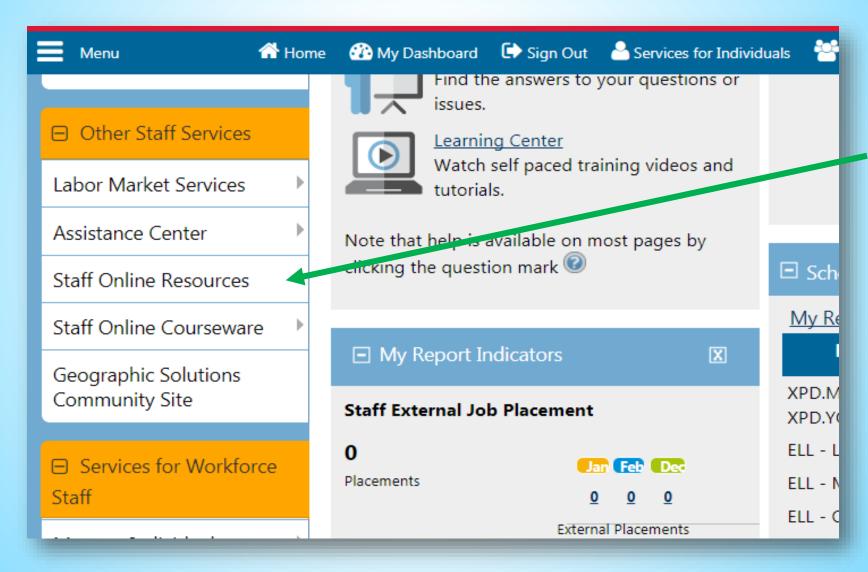
## CalJOBS Access Request

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#### **Continued**

- MIS Administrator Signature Required
  - Signatory Authority for new CBOs without MIS Administrator
- All Sections With (\*) Must be Completed
- Submit to
  - CalJOBS Operations Unit <u>caljobsadmin@edd.ca.gov</u>
  - Copy WSBProjectManagement@edd.ca.gov
- For Assistance
  - <u>caljobsadmin@edd.ca.gov</u>
  - **916-653-0202**

## **Staff Online Resources**



## Staff Online Resources continued

### Training Modules - Employment Development Department

A series of short training modules for trainers or staff.

To view the PowerPoint Modules, select READ ONLY at the password prompt.

- · Background Wizard PowerPoint
- <u>Case Management Profile: Case Summary and Programs</u> PowerPoint
- Cash Request and Expenditure Reporting PDF
- Contained Deletionalis Management (CDM) Decomposite

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## CalJOBS<sup>SM</sup> Training

**Fiscal Training** 

One Webinar Session

Wednesday, March 7<sup>th</sup> 9:30 - 11:00 a.m.

Additional details and agenda to follow.

## **Fiscal Reporting**

WAF 6.0

- Monthly Expenditure Reporting
  - Due the 20<sup>th</sup> of the following month –
  - First report is due March 20, 2018 or April 20, 2018
- Monthly And Quarterly Financial Reporting Requirements: <u>Workforce Services Directive 16-13</u>
- A Zero Report must be submitted until you have cumulative accrued expenses
- ACCRUED expenses for goods or services received
- Expenditure Report BEFORE Cash Request

## **Expenditures - Simple Monthly Report**

	Previous Cumulative	Current Cumulative
Total Expenditures	\$0.00	\$0.00

#### III. Administrative Expenses

	Administrative Costs	Previous Cumulative	Current Cumulative
Administrative Cash Expenditures		\$0.00	\$0.00
2. Administrative Accrued Expenditures		\$0.00	\$0.00
Total Administrative Expenditures		\$0.00	\$0.00

#### IV. Other Reportable Items (Admin)

		Previous Cumulative	Current Cumulative
Non-Federal Support (Stand-In)		\$0.00	\$0.00
2. Unliquidated Obligations	Unliquidated Obligations - Balance of	\$0.00	\$0.00
3. Program Income Earned	Contractual Admin. Services	\$0.00	\$0.00
4. Program Income Expended	\$0.00	\$0.00	

#### V. Cumulative Expenditures (Program)

	Previous Cumulative Cash Expenditures	Previous Cumulative Accrued Expenditures	Previous Cumulative Total Expenditures	Cumulative Cash Expenditures	Cumulative Accrued Expenditures	Total Cumulative Expenditure
Core Self Service			\$0.00			\$0.00
2. Core Registration			\$0.00			\$0.00
3. Intensive Services			\$0.00			\$0.00
4. Training Services						
a. Training Payments			\$0.00			\$0.00
b. Other Training Services			\$0.00			\$0.00
Total Training Services			\$0.00			\$0.00

## **Expenditures - Simple Monthly Report**

Total Training Services			\$0.00			\$0.00
5. Other			\$0.00			\$0.00
6. Total Program Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### VI. Other Reportable Items (Program)

		Previous Cumulative	Current Cumulative
Non-Federal Support (Stand-In)		\$0.00	\$0.00
2. Unliquidated Obligations			
a. Core and Intensive Services		\$0.00	\$0.00
b. Training Services		\$0.00	\$0.00
c. Other	Unliquidated Obligations -	\$0.00	\$0.00
Total Unliquidated Obligations	Balance of Contractual Program Services	\$0.00	\$0.00
3. Program Income Earned	Services	\$0.00	\$0.00
4. Program Income Expended		\$0.00	\$0.00
5. Incentive Funds Expended		\$0.00	\$0.00

#### VII. Miscellaneous Items (Admin and/or Program)

	Cash/In-Kind Match	Previous Cumulative Contributions	Current Cumulative Contributions
1. Federally Mandated Match			
a. Cash Contributions		\$0.00	\$0.00
b. In-Kind Contributions		\$0.00	\$0.00
Total Federally Mandated Match		\$0.00	\$0.00
2 State Mandated Match			

**CalJOBS**<sup>SM</sup>

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## "If it is not in CalJOBS, it does not exist"

CalJOBS Participant Reporting

Workforce Services Directive 13-11

- Report individual participant data via CalJOBS within 30 days of first service provided
- Must pull CalJOBS reports to confirm data entry

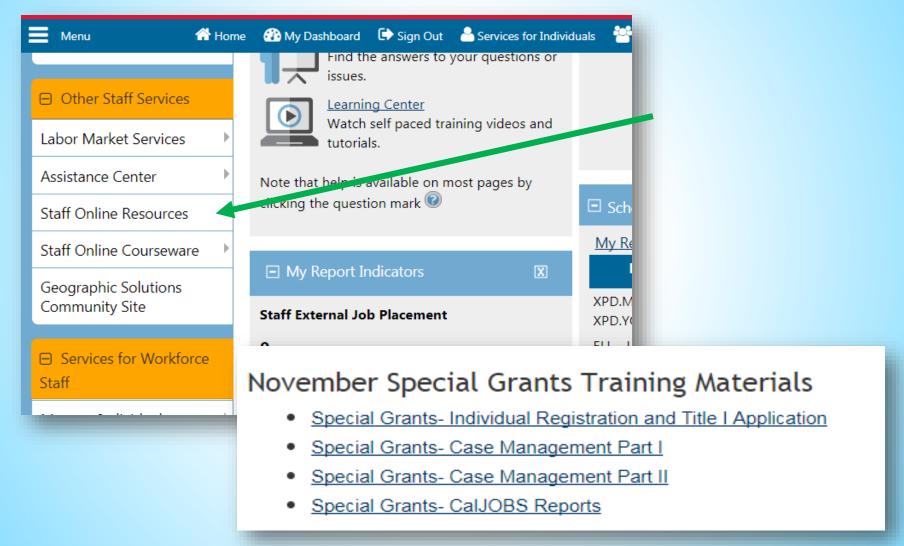
## CalJOBS<sup>SM</sup> Training

WAF 6.0

- Intro to CalJOBS and Navigation
- Individual Registration
- Participant Application and Enrollment
  - Case Notes and Alerts
  - Closure of Activities
  - Reports

Training dates and times to be determined.

## **Staff Online Resources**



## Subgrant Modification WAR



#### WAF 6.0: Subgrant Modification Form

Applicant:
Project: T
Which of the following changes are you making to your subgrant:
Scope of Work (detail/explain changes in the space provided below)
Budget (Exhibit F, Budget Summary and Exhibit F2, Budget Detail)
Partners (Exhibit A, Narrative)
Subcontractors (Exhibit F, Budget Summary and Exhibit F2, Budget Detail)
Purchases (Exhibit F, Budget Summary; Exhibit F2, Budget Detail; and Exhibit G, Supplemental Budget)
Update Project Contact Info (requires updated Project Contact Form)
Provide reason(s) and justification for the changes you are requesting. If change is to Scope of Work, please describe what in your project is being changed specifically and how this differs from your original work plan, goals, and outcomes.

Send form and required attachments to both your State Board Program Manager and EDD Project Manager.

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## Project Exhibit A

## Narrative and Project Team

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## Project Exhibit E

Workforce Accelerator Fund 6.0		STATE USE ONLY	Exhibit E
Exhibit E.		Subgrant Number:	
Project Funding	Grant Code:		
Expenditure Plan		Initial Plan:	
		Modification Date:	
Organization Name: YOUR NAME			
Project Name: YOUR PROJECT	NAME		
I. FUNDING PLAN			
A. Fund Source	WIOA 15%	Cash/In-kind Match	PROJECT TOTAL
B. YOA			
C. Subgrant Number			
D. Fund Source Term			
E. Grant Code			
F. Total Administration	\$15,000.00		\$15,000.00
G. Total Program	\$135,000.00	\$15,000.00	\$150,000.00
H. Total Subgrant Amount	\$150,000.00	\$150,000.00	\$300,000.00
II. EXPENDITURE PLAN			
Month-Year	Cumulative Planned Expend.	Cumulative Planned Expend.	roject Total Planned Expend
February-2017	\$12,500.	\$12,500.0	\$25,000.00
March-2017	\$25,000 00	\$25,000.	\$50,000.00
April-2017	\$37,500.00	\$37,500 )0	\$75,000.00
May-2017	\$50,00( .00	\$50,000 00	\$100,000.00
June-2017	\$62,500.00	\$62,500 00	\$125,000.00
July-2017	\$75,00( .00	\$70,000 00	\$145,000.00
August-2017	\$87,500.00	\$87,500 00	\$175,000.00
September-2017	\$100,000 00	\$100,000.	\$200,000.00
October-2017	\$112,500.	\$112,500.0	\$225,000.00
November-2017	\$125,000.0	\$125,000.00	\$250,000.00
December-2017	\$137,500.00	\$137,500.00	\$275,000.00
January-2018	\$150,000.00	\$150,000.00	\$300,000.00
TOTAL	\$150,000.00	\$150,000.00	\$300,000.00

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## Project Exhibit F

#### WORKFORCE ACCELERATOR (WAF) 6.0 EXHIBIT F - BUDGET SUMMARY



STATE USE ONLY	EXHIBIT F
Subgrant Number	
Grant Code	
Begin Date	
Modification Date	

Applicant
Project Name

Line Item	Expense Item	15 Percent	Amount Leverag ed	Total Project Budget	Source of Leverage d Funds	In-Kind	l Cash
A.	Staff Salaries			\$0.00		☐ In-Kind	Cash
B.	Number of full-time equivalents:						
C.	Staff Benefit Cost			\$0.00		In-Kind	Cash
D.	Staff Benefit Rate (percent)%						
E.	Staff Travel			\$0.00		☐ In-Kind	Cash
F.	Operating Expenses (communications, facilities,			\$0.00		☐ In-Kind	Cash
G.	Furniture and Equipment						
1.	Small Purchase (unit cost of under \$5,000)			\$0.00		☐ In-Kind	Cash
	Equipment Purchase (unit cost of \$5,000 or more and					☐ In-Kind	Cash
2.	useful life of more than one year.)			\$0.00			
	Complete Exhibit F2 - Supplemental Budget						
3.	Lease			\$0.00		☐ In-Kind	Cash
H.	Consumable Testing and Instructional Materials			\$0.00		☐ In-Kind	Cash
I.	Tuition Payments/Vouchers			\$0.00		☐ In-Kind	Cash
J.	On-The-Job Training			\$0.00		☐ In-Kind	Cash
K.	Participant Wages and Fringe Benefits			\$0.00		☐ In-Kind	Cash
L.	Participant Support Services			\$0.00		☐ In-Kind	Cash
М.	Contractual Services (must complete Form G)			\$0.00		☐ In-Kind	Cash
N.	Indirect Costs*(complete items 1 and 2 below)			\$0.00		☐ In-Kind	Cash
Ο.	Other (describe):			\$0.00		☐ In-Kind	Cash
P.	TOTAL FUNDING**	\$0.00	\$0.00	\$0.00			
					Total Award	\$	-

\*\*Administrative Costs \$ Program Costs \$ -

Indirect Cost Rate must be negotiated and approved by Cognizant Agency, per Appendices III or IV to Uniform Guidance, 2CFRPart200

- 1. Indirect Cost Rate (percent):
- 2. Name of Cognizant Agency:
- \*\* A maximum of 10% of the total project budget will be allowed for administrative costs. The definition of administrative costs is provided in Appendix B of the RFA.

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## Project Exhibit F2



#### WORKFORCE ACELERATOR (WAF) 6.0 Exhibit F2 - Budget Narrative

STATE USE	EXHIBIT F2
Subgrant Number	
Grant Code	
Initial Plan	
Modification Date	

Applicant	
Project Name	

Please provide a narrative detail for all grant-funded budget line items on the Exhibit F, Budget Summary.

#### Salaries: Total Salaries Paid + Benefits (WIOA 15%) \$

Position	FTE x Monthly Salary x Time	Benefits	Total (FTE + Salary + Benefits)
- Sample - Program Manager	.5 FTE x \$4,500 x 12 months	24.6%	\$33,642

#### Staff Travel \$\_\_\_\_

List staff traveling, destination/event, and mode of transportation.

#### Operating Expenses \$

The following are some of the major line items included:

Rent*	\$
Insurance	\$
Accounting (payroll services) and Audits	\$
Consumable office supplies*	\$
Printing	\$
Communications (phones, web services, etc.)*	\$
Mailing and Delivery	\$
Dues and Memberships*	\$
Outreach	S

<sup>\*(</sup>based on FTE for program staff)

#### Furniture and Equipment\* \$

Small Equipment and Furniture - \$\_\_\_\_\_\_ - Pooled items less than \$5,000 per unit, include a cost allocation). List name of item, cost, and number to be purchased.

Equipment Purchase - S\_\_\_\_\_\_ - Greater than \$5,000, requiring prior approval, and listed on Exhibit G, Supplemental Budget. List name of item, cost, and number to be purchased.

\*Refer to WSD16-16 and WSD16-10 for Property-Prior Approval, Purchasing, Inventory, and Disposal

#### Consumable Testing and Instructional Materials \$

Explain purpose and planned use.



#### Tuition, Payments/Vouchers \$

Costs for (name) programs and sector-specific training and certificate programs at (organization), as well as training costs for outside training providers (organization/location).

#### On-The-Job Training \$

Employer reimbursements for training by an employer that is provided to a paid participant while engaged in productive work in a job that:

- a) provides knowledge or skills essential to the full and adequate performance of the job;
- b) is made available through a program that provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, except as provided in section 134(c)(3)(H) of the WIOA Final Rule, for the extraordinary costs of providing the training and additional supervision related to the training; and
- c) is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate.

List employers and industries partnering in the OJTs.

#### Participant Wages and Fringe Benefits \$

State number of planned number participants to receive wages and benefits and give detail of Work Experience or Transitional Jobs.

#### Supportive Services \$\_\_\_\_

Gas cards, bus passes, housing, or any additional immediate assistance not available through any other source. Describe the specific services you will provide.

#### Contractual Services \$

Describe services provided by each contractor, cost of individual contract, name of organization/individual providing services. If the contract is out for proposal, list type of procurement and the date the contract will be awarded. Upon award, you must submit to EDD a revised Exhibit G, Supplemental Budget.

Clearly explain these costs, which do not fit into the specific categories above.

## Supple Other \$\_\_\_\_\_\_Clearly

## Project Exhibit F2

#### continued

## Project Exhibit G

#### WORKFORCE ACCELERATOR FUND (WAF) 6.0 EXHIBIT G - SUPPLEMENTAL BUDGET



STATE USE ONLY	EXHIBIT G
Subgrant Number	
Grant Code	
Begin Date	
Modification Date	

Applicant	
Project Name	

I. Equipment					
				Percent	Total Cost
Item Description*	Quantity	Cost Per Item	Total Cost	Charged	Charged
				to Project	to Project
					<b>\$</b> -
					\$ -
					¢ _

## Appendix II to Uniform Guidance 2CFR200— Contract Provisions for Non-Federal Entity Contracts Under Federal Awards

II. Contractual Services\*\*

Description - Type of Service

Cost
Service Provider

Total \$ -

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<sup>\*\*</sup>All contractual services must be competitively procured in accordance with federal and state procurement regulations and policies.

See Procurement Standards (Sect. 200.318-.326) in the Federal Uniform Guidance, 2CFR200.

## Project Exhibit I Work Plan

#### WORKFORCE ACCELERATOR FUND (WAF) 6.0 EXHIBIT I - WORK PLAN

EDD Employment Development Department	STATE USE	EXHIBIT I
	Subgrant Number	
State of California	Grant Code	
Applicant	Begin Date	
Project Name	Modification Date	

Objectives/Activities	Estimated Dates
Quarter 1	
Quarter 2	
Ouarter 2	
Quarter 3	
Quarter 4	
Quarter 5	
Quarter 6	

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**Timeline** 

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Form	Due	
CalJOBS System Access Request	February 28, 2018	
Quarterly Success Stories	Same as Quarterly Reports	
Final Exhibits	Within the next two weeks	

Project Report	Due		
Expenditure	Every 20 <sup>th</sup> of the following month		
First Narrative Report	March or April 20, 2018		
First Expenditure Report	March or April 20, 2018		

#### Submit Your Monthly/Quarterly Narrative Report to:

- WSBProjectManagement@edd.ca.gov
- Danielle.Vienna@CWDB.ca.gov

## **Your Project Contacts**

WAF 6.0

Mayra Fernandez

916-653-8650

Teri Brimacomb

916-654-5595



WSBProjectManagement@edd.ca.gov

Danielle Vienna

916-657-1455



Danielle.Vienna@cwdb.ca.gov

System Issues

916-653-0202



CalJOBSAdmin@edd.ca.gov

Insert WAF 6.0 and your organization's name on the subject line of all electronic correspondence

WAF 6.0

## It's Your Turn....

